

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10697689

FILING DATE 10/31/23

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17		1				
18		1				
19		1				
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26						
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28						
29	1					
30		1				
31		1				
32		1				
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1					
43		1				
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		31				
TOTAL CLAIMS	35					